

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <h2 style="text-align: center; margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="text-align: center; margin: 0;">For FY 2007</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/805,900-Conf. #1949
TOTAL AMOUNT OF PAYMENT		Filing Date	March 22, 2004
(\$)		First Named Inventor	Mark Falahee
250.00		Examiner Name	M. C. Hoffman
		Art Unit	3733
		Attorney Docket No.	FLH-11102/29

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 07-1180 Deposit Account Name: Gifford, Krass, Sprinkle, Anderson & Citkowski,	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	
							Small Entity	
							<u>Fee (\$)</u> <u>Fee (\$)</u>	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues)							50 25	
Each independent claim over 3 (including Reissues)							200 100	
Multiple dependent claims							360 180	
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	Multiple Dependent Claims				
15	- 20 =	x	=	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					
2	- 3 =	x	=					
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____	- 100 =	/ 50	(round up to a whole number) x	=				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2401 Notice of appeal								250.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	37,424
Name (Print/Type)	John G. Posa	Telephone	(734) 913-8300
		Date	April 17, 2007